Township or Village	ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH  Registered No. 3. 0.
3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	Township
10. Residence (usual place of abode) (If nonresident, give place and State).  11. Color or vace/Ally 12. Age at last birthday. \$\frac{1}{2}\$. (Years)  13. Birthplace (city or place). (State or country)  14. Trade, profession, or particular kind of work done, as a spinner, sawyer, bookkeeper, etc 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc  16. Date (month and year) last engaged in this work was done, as eith mill, sawmill, bank, etc  27. Number of children of this mother (At time of this birth and including this child(a) Born allve and now living 1. (b) Born allve but now dead. \$\frac{1}{2}\$ (c) Stillhorn. \$\frac{1}{2}\$ (2). Cause of stillbirth.  28. If stillborn, period of gestation.  (When there was no attending physician) (or midwife, then the father, householder) (Edged of a supplemental report  (Color or race/Ally 21. Age at last birthday. \$\frac{1}{2}\$ (2). Color or race/Ally 21. Age at last birthday. \$\frac{1}{2}\$ (3). Trade, profession, or particular kind of work done, as own bouse, sawyer, bookkeeper, etc  (State or country)  22. Birthplace (city or place). ((State or country)  23. Trade, profession, or particular kind of work done, as eith mild of work done, as own bouse, sawyer bookkeeper, etc  24. Industry or business in which work was done, as own boine, lawyer soffice, silk mild, etc  25. Industry or business in which work was done, as own boine, lawyer soffice, silk mild, etc  26. Total time (years)  27. Number of children of this mother (At time of this birth and including this child(a) Born allve and now living 1. (b) Born allve but now dead. \$\frac{1}{2}\$ (c) Stillhorn. \$\frac{1}{2}\$ (2). Total time (years)  28. If stillborn, for this work and the particular physician (Born allve exemptions)  28. If stillborn, for this work as a still this work and the particular physician (Born allve exemptions)  29. Cause of stillbirth.  20. Cause of stillbirth.  20. Cause of stillbirth.  21. Age at last birthday. \$\frac{1}{2}\$ (2). Total time (ye	3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legiti 8. Date of birth left 6. Premature mate 1. Month day, year)  9. Full FATHER  18. Full Cathory MOTHER  18. Full maiden MOTHER
(State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work  18. If stillborn, period of gestation.  19. Cause of stillbirth  10. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, ciert, etc.  24. Industry or business in which work was done, as silk mill, etc.  25. Date (month and year)  18. Date (month and year) last engaged in this work  19. Total time (years) spent in this work  10. Date (filldren of this mother (Act time of this birth and including this child) (a) Born allive and now living.  28. If stillborn, period of gestation. Somethis for weeks  19. Cause of stillbirth  29. Cause of stillbirth  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was the period of gestation or midwife, then the father, householder, etc.  (Signed) Cause of this return.  Given name added from a supplemental report.  (Date of)  Address  Address  Address  (Signed) Cause Of Stillborn of work done, as housekeeper, then do work was done, as housekeeper, then do work then, then the same then then the same then the same then then the same then then then then then then then the	(If nonresident, give place and State) (If nonresident, give place and State)
16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work  19.	(State or country)  (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc.  15. Industry or business in which work was done, as silk mill,  16. Industry or business in which work was done, as silk mill,
28. If stilloorn, period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation and period of gestation are weeks 29. Cause of stillbirth period of gestation and period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation and puriod are weeks 29. Cause of stillbirth period of gestation and puriod are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause of stillbirth period of gestation are weeks 29. Cause 29. Caus	16. Date (month and year) last angaged in this work engaged in this work spent in this wo
or midwife, then the latter, address (Signed)	28. If stillcorn, period of gestation or weeks 29. Cause of stillbirth During labor.  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was the control of the control of the control of the child, who was the child, who was the child, who was the child, who was the control of the child, who was
Registrar, Registrar,	Given name added from  a supplemental report.  (Date of)  Filed.  (Signed)